CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

APR 08 2013

E G F T W F G STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.

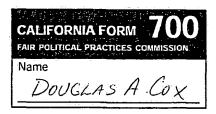
NAME	OF	FII	FR	

Date Signed _

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NAME OF FILER		
	Cox	DOUCLAS BY: (MIDDLE)
I. Office, A	Agency, or Court	DOUGO13 /1.
Agency Na		
	CITY OF IMPERIAL	
Division, B	oard, Department, District, if applicable	Your Position
		COUNCIL MEMBER
► If filing	for multiple positions, list below or on an attachment.	
Agency: _		Position:
2. Jurisdic	ction of Office (Check at least one box)	
State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-C	ounty	County of
M City of	Ounty	Other
<u> </u>		
3. Type of	Statement (Check at least one box)	
Annua	al: The period covered is January 1, 2012, through	Leaving Office: Date Left/
-0	December 31, 2012.	(Check one)
	The period covered is, through December 31, 2012.	O The period covered is January 1, 2012, through the date of leaving office.
Assur	ning Office: Date assumed	O The period covered is/, through the date of leaving office.
☐ Candi	date: Election year and office sought,	if different than Part 1:
4. Schedu	ile Summary	7
	plicable schedules or "None." ► Tot	tal number of pages including this cover page:
☐ Sched	dule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attache
☐ Sched	dule A-2 - Investments - schedule attached	Schedule D · Income - Gifts - schedule attached
☐ Sched	dule B - Real Property - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
	-or-	
	☐ None - No reportable inte	erests on any schedule
	 	· · · · · · · · · · · · · · · · · · ·

SCHEDULE D Income - Gifts



NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
TOWNSEND PUBLIC AFFAIRS	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2699 WHITE RO. PRVING, CA. 92614	w .
BUSINESS ACTIVITY IF ANY OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
09/05/12 \$ 10000 MEAL	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
DAVID TURCH & ASSUCIATES	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
SIT ZND ST. NE. WASHINGTON DC	•
SIT ZNO ST. NE., WASHINGTON DC BUSINESS ACTIVITY, IF ANY, OF SOURCE 90002	BUSINESS ACTIVITY, IF ANY, OF SOURCE
LOBBIEST	933.11230 (1911), (1) 11 11 11 13 13 13 13 13 13 13 13 13 13
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
n2 27 12 7600 11 1501	
03,27,12 , 7500 MEAL	
S	\$
<u> </u>	
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
	,
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
	No on Cost (Oquanicus Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
	SOSINESS ACTIVITY, III ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
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Comments:	